

**BOWLING GREEN STATE UNIVERSITY  
EDUCATION ABROAD PROGRAM  
STUDENT CONSENT, MEDICAL AUTHORIZATION, AND RELEASE**

**AGREEMENT**

STUDENT NAME: \_\_\_\_\_

BGSU STUDENT:    Yes             No

    If “No”, Name of “Home Institution”: \_\_\_\_\_

STUDENT IDENTIFICATION NUMBER: (BGSU Student) P: \_\_\_\_\_

    (Other Than BGSU Student): Student ID# \_\_\_\_\_

STUDENT PASSPORT NUMBER: \_\_\_\_\_

STUDENT’S CLASS STANDING (SEMESTER/YEAR): \_\_\_\_\_

    Freshman     Sophomore     Junior     Senior     Graduate Student

NAME OF PROGRAM (“Program”): \_\_\_\_\_

PROGRAM DATES: \_\_\_\_\_

PROGRAM BROCHURE, OR FLYER (if any)\*: \_\_\_\_\_

\*(Program literature that influenced you to apply for this Program.)

FACULTY MEMBER/PROGRAM DIRECTOR: \_\_\_\_\_

BGSU COLLEGE/SCHOOL SPONSOR: \_\_\_\_\_

**TERMS AND CONDITIONS**

The following Agreement describes the rights and responsibilities of all participants in the education abroad programs conducted by or through Bowling Green State University (the “University”). In order to participate in the Program named above you, as the student, must sign this form to indicate agreement with all the provisions contained in this document and in the Program Brochure or flyer (if any). If you are less than 18 years of age, you must also obtain permission from a parent or legal guardian to participate in the Program. **THIS IS A LEGAL DOCUMENT THAT CONTAINS VERY IMPORTANT PROVISIONS AFFECTING YOUR RIGHTS. IF YOU (OR YOUR PARENT/LEGAL GUARDIAN, AS APPROPRIATE) DO NOT UNDERSTAND THIS AGREEMENT YOU ARE URGED TO SEEK THE ADVICE OF YOU PERSONAL LEGAL COUNSEL.**

**I HEREBY AGREE AS FOLLOWS:**

1. **Risks of Education Abroad.** I, the undersigned student, understand that participation in education abroad programs involve risks not found in study at Bowling Green State University. These include risks involved in traveling to and within, and returning from, one or more foreign countries; foreign, political, legal, social, and economic conditions and potential unrest; different standards of design, safety and maintenance of buildings, public places, and conveyances; local medical and weather conditions; local road conditions, dietary and food differences and availability, and other matters. I have made my own investigation and am willing to accept all of these risks.

2. **Institutional Arrangements.** I understand that the University does not represent or act as an agent for, and cannot control the acts or omissions of any host institution, host family, transportation carrier, hotel, tour organizer, or other provider of goods or services involved in education abroad programs.

3. **Release.** The undersigned student (and parent/guardian, as applicable) shall not attempt to hold the University, its trustees, officers, employees, faculty, agents, and co-sponsoring institutions and their representatives(s) liable for any injury, death, or loss to any person or property arising out of, during, or in connection with the student's participation in the Program including, but not limited to, the rendering of emergency medical procedures or treatment, if any, pursuant to paragraph 5 below. The undersigned is also fully aware that this release also includes all of the student's travel arrangements to and from the host country, all lodging, boarding, and travel while in the host country, and all travel and lodging that is independent of the Program. The University, its trustees, officers, employees, faculty, agents, and co-sponsoring institutions and their representatives(s) are not liable in any way for any type of injury, death or loss that the student or a third party might suffer as a result of or arising out of those arrangements.

4. **Health and Safety.** I have recently consulted with a medical doctor with regard to my physical condition and my personal medical needs in relation to my travel abroad and participation in the Program. Except as specifically stated below in this paragraph 4 (EXCEPTIONS), there are no physical or psychologically related circumstances, conditions, or needs that preclude or restrict my participation in the Program.

**EXCEPTIONS:** *(Check one)*

- A.  There are no exceptions to the above statement.
- B.  I am a qualified person\* with a disability and I request one or more reasonable accommodations that are within the control of the University.

I am requesting the following accommodations:

*[These accommodations may be a request for modifications to policies, practices, or procedures relating to the Program and/or a request for the provision of aids or services.]*

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\*A **qualified person** with a disability means an individual with a disability who, with or without reasonable modifications to rules, policies, or practices, the removal of architectural, communication, or transportation barriers, or the provision of auxiliary aids and services, meets the essential eligibility requirements for participation in the Program. Disability means a physical or mental impairment that substantially limits one or more of the major life activities; a record of such an impairment; or being regarded as having such an impairment.

*[Please note that the University will require, in accordance with law and its policies, documentation of the claimed disability from a healthcare provider regarding the nature of the disability and its relationship to the requested accommodation. The University will not be able to offer any accommodation outside of the United States and its territories that relates to, or may be affected by, the design or maintenance of buildings, public places, accommodations, and/or conveyances or modes of transportation. Nor will the University be able to offer the provision of aids or services that would result in a fundamental alteration in the nature of the Program, or in undue financial and administrative burdens, or that constitute a significant risk to the health or safety of you or others.]*

C.  I wish to advise the University of my special medical needs.

I am not claiming that I have a disability, but I do have the following special medical needs that I want the University to know about in the event of an emergency when I am unable to act for myself. *[Please note that this information will only be used in the event of such an emergency and will not be used for any other purpose whatsoever.]*

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5. **Medical Treatment Authorization and Responsibility.** I understand that while I am abroad an emergency may develop that necessitates medical care, hospitalization, or surgery. Wherever practicable, a faculty member participating in the Program, or other Program representative, will contact the emergency contact person(s) designated below prior to such treatment. What is practicable may vary depending upon the nature of the emergency. Therefore, I (and my parent/guardian, as applicable), authorize the University, through such faculty member or other Program representative, to secure for me any necessary emergency medical treatment, including the administration of anesthesia and surgery that the University may consider to be warranted under the circumstances. The University, however, is not obligated to take any such action. The undersigned agree and acknowledge that in all circumstances when such treatment is provided I/we shall be solely responsible for the cost of my treatment and care and I (and my parent/guardian, as applicable) agree to reimburse the University for any expense that it may incur on account of my injury or illness including, but not limited to, my treatment, transportation, or stay in a medical facility.

I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs and related expenses while I participate in my education abroad. I recognize that the University is not obligated to provide for any of my medical or medication needs or insurance and that the undersigned assume all risk and responsibility for those needs. The insurance or payment arrangements I have made are as follows:

Name of Insurance Company (Carrier): \_\_\_\_\_

Name of Policy Holder and Relationship to Student: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Other Arrangements (if any): \_\_\_\_\_

ISIC Number (International Student ID): \_\_\_\_\_

6. **Other Insurance.** I understand that the University also requires that students planning to operate a motor vehicle obtain personal liability and collision insurance that will cover them in the applicable Program locale. In addition, the University recommends that students insure their personal property from loss or theft.

7. **Release of Academic and Social Standing Records.** I agree to allow my College and the Student Life Office to release all records regarding my past and present academic and social standing to

other universities, colleges, agencies, and education abroad programs when necessary for purposes of admission or entry into, or participation in, an education abroad program.

8. **Program Cancellation.** I understand that Bowling Green State University reserves the right to cancel trips and to make changes or alterations in the Program and/or Program itineraries at any time as may be required because of emergency, changed conditions, or the University's determination that such changes or alterations are in the best interest of the Program or its participants. I further understand that the University is not responsible for changes or alterations to or cancellation of Programs by host institutions.

9. **Program Changes or Termination.** Should the University cancel the Program, full refunds of relevant tuition cost and program fees will be made unless the cancellation is due to circumstances beyond the control of the University, in which case the University will be able to refund only uncommitted and recoverable funds. Any refunds made for the Program when payment was previously made to the University will be in accordance with published University policies for the academic year in which the Program occurs, unless otherwise stated.

10. **Program Withdrawal.** I understand that in the event that I choose to cancel my enrollment or voluntarily withdraw from the Program at any time, I agree to abide by the terms set forth under the refund policy in the itinerary, brochure or other document related to the Program and my education abroad. I understand that it is my responsibility to read the refund policy, itinerary, brochure and related documents carefully before signing this Agreement.

11. **Student Conduct.** I agree to comply with Bowling Green State University's Code of Student Conduct and other University regulations regarding conduct, comportment, and academic integrity during my participation in the Program. I understand that the Program director has the right to enforce such standards of conduct and that I may be dismissed from the Program at any time for failing to abide by such standards. I understand that while I am a visitor in a foreign country, I will be subject to the laws of that country and that any breaches of the local law of the host community or country are punishable by the appropriate local law enforcement authorities.

**I HAVE CAREFULLY READ ALL OF THE PROVISIONS IN THIS AGREEMENT AND I AGREE TO BE BOUND BY EACH AND ALL OF THEM, AS INDICATED BY MY SIGNATURE BELOW. NO REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS, ORAL OR WRITTEN, APART FROM THE PROVISIONS OF THIS WRITTEN AGREEMENT, HAVE BEEN MADE REGARDING THE SUBJECT MATTER HEREIN. I FURTHER UNDERSTAND THAT THIS AGREEMENT SHALL BECOME EFFECTIVE ONLY UPON ITS RECEIPT AND SIGNATURE BY BOWLING GREEN STATE UNIVERSITY AND SHALL BE GOVERNED BY THE LAWS OF THE STATE OF OHIO, WHICH SHALL BE THE FORUM FOR ANY LAWSUITS FILED UNDER OR INCIDENT TO THIS AGREEMENT.**

**Agreed to:**

Name of Student: \_\_\_\_\_

Local  or Permanent

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

x \_\_\_\_\_

Signature

\_\_\_\_\_

Date

**EMERGENCY CONTACTS:**

Persons to contact in case of emergency:

Contact Person #1: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (Day): \_\_\_\_\_

(Night): \_\_\_\_\_

(FAX): \_\_\_\_\_

(E-mail): \_\_\_\_\_

Contact Person #2: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (Day): \_\_\_\_\_

(Night): \_\_\_\_\_

(FAX): \_\_\_\_\_

(E-mail): \_\_\_\_\_

***(IF STUDENT IS UNDER 18 YEARS OF AGE, A PARENT OR LEGAL GUARDIAN  
MUST ALSO READ AND SIGN THIS FORM WHERE INDICATED BELOW.)***

I am the parent or legal guardian of the above named student, have read the foregoing Agreement (including such parts as may subject me to personal financial responsibility), and I agree to be legally responsible for the obligations and acts of the student as described in this Agreement, and I further agree, for myself and for the student, to be bound by its terms.

x \_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Date

Printed Name: \_\_\_\_\_

**Agreed to and Accepted by the University**  
**(May Only be Accepted by a Non-Student Employee of the University):**

By: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

**For University Use:**

THIS FORM MUST BE SIGNED AND RECEIVED BY THE CENTER FOR INTERNATIONAL PROGRAMS NO LATER THAN \_\_\_\_\_.  
(insert date specific to program)

Revised: 1/26/05

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